ATTACHMENT # 1 STATE OF SOUTH DAKOTA RURAL PILOT PROGRAM REQUEST FOR PROPOSAL FUNDING REQUEST

Funding Period: October 1, 2013 – May 31, 2014								
Funding Subarea(s)	Total Cost							
Personnel Costs:								
Salary								
Fringe Benefits								
Consultant Costs:								
Contractual Costs:								
Operating Costs:								
Office Space								
Printing/Publishing								
Postage								
Telephone/Cell Phones								
Internet								
Office Supplies								
Insurances								
Advertising								
Equipment Costs: (Computers, Copiers, Printers, i.e.)								
Travel Costs:								
All Staff								
All Stall								
Other Costs:								
Onici Costs,								
TOTAL FIND	ING REQUEST							
TOTALION								

Note: Complete Attachment #1 of the Cost Report which details the number of positions, position titles, staff credentials, staff name (if known), salary etc.

^{*} Project equipment may be purchased during the first grant year only.

Provider: 0
Reporting 0
Period:

ATTACHMENT 1 - STAFF

# of Positio ns	Creden	n Title	Staff Name (Last, First, MI)	Start Date	End Date	# of Leaver s	Total Hours Paid	Salary	Hourly	Bonus	Total wages paid (do not include bonus in this amount)	Wage Per Hour	CBH Admin	Fund Raisin g	Total Hours Per Employe
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